

Final GME Task Force Report and Recommendations

Prepared by David J. Park, DO on June 5, 2014

Background

It is evident that Nevada needs additional GME positions in the very near future for the following reasons:

1. To increase physician workforce by training more residents in Nevada and retaining them afterwards
2. To prepare for the increasing number of medical students in Nevada
3. To increase healthcare access Nevadans who are uninsured and underinsured

To increase physician workforce by training more residents in Nevada and retaining them afterwards

Nevada's access to healthcare ranks in the bottom quartile in the nation. The most direct contributing factor to this poor ranking is the shortage of healthcare providers; specifically physicians. It has already been well established that majority of doctors stay and practice in the vicinity of their GME training. Efforts in recruiting physicians from other states continue but are difficult, costly and unpredictable. Another source of incoming physicians is needed; and that source can be more GME programs in Nevada. A 2006 report by LarsonAllen, an independent Minnesota consulting firm charged with reviewing Nevada medical education capacity and need, recommended that the state develop graduate medical education training opportunities because the existing medical education system cannot keep up with the need.

To prepare for the increasing number of medical students in Nevada

Currently, there are two fully accredited medical schools in Nevada that graduate approximately 200 medical students each year. There are only 80 first year residency positions for the 200 graduates. This means 120 young men and women with newly acquired medical degrees will leave the state of Nevada to pursue GME training because GME training is required in all 50 states to obtain medical licensure to practice medicine. In 2016, a third medical school (Roseman University) is slated to open its doors and by 2020, potentially another 150 students will be graduating. With the possibility of yet a fourth medical school in Nevada (UNLV), the percentage of first year residency positions for Nevada's medical school graduates will continue to decline. There is little value for the state in educating and graduating medical students if the vast majority of them will leave Nevada for residency positions. Although this problem cannot be completely fixed, it can be alleviated with the creation of more GME positions.

To increase healthcare access Nevadans who are uninsured and underinsured

According to a March 25, 2014 Commonwealth Fund report, Nevada has among the highest percentage of the under-65 population who are either uninsured or underinsured. According to the report, the five highest-rate states were Idaho, Florida, Nevada, New Mexico and Texas.* Many of these patients receive healthcare at the county hospital, federally qualified health centers, volunteer clinics or other safety net or pseudo-safety net local health care facilities. Many of these patients are receiving this healthcare from resident physicians who are rotating through these locations. Increased GME positions and collaborative efforts between institutions can increase the number resident physicians in these locations and thus increase healthcare access to this population.

* (<http://www.commonwealthfund.org/publications/fund-reports/2014/mar/americas-underinsured>)

Financial barriers in creating new GME programs in Nevada

Hospitals and other potential training sites are hesitant to risk large sums of money to invest in GME programs. Start-up costs are very high and return on investment is not guaranteed.

Business entities are not interested in creating new GME positions for philanthropic reasons alone. For businesses, any new major venture would need to be profitable or add tangible value for the company. Starting a new GME program is time intensive, expensive, and may take years to get accredited. An incentive is needed to initiate this process.

The best incentive would be start-up dollars that could pay for the following:

1. required personnel to create new GME programs (program directors, administrators, support staff, etc).
2. capital costs for required equipment (computers, video monitors, projectors, medical instruments, etc)
3. capital costs for required building structures (administrative office space, resident on-call rooms, conference room, lecture auditorium, furniture etc)
4. required educational resources (medical textbooks, journal subscriptions, software subscriptions, etc)

Recommendation

It is my recommendation that the state incentivize eligible healthcare institutions to create new GME programs with a one-time grant for start-up dollars. The institution being awarded this grant should be held accountable for the invested money by showing evidence of filled GME positions within a specified timeframe. These institutions should partner with Nevada's medical schools to assure high quality graduate medical education GME programs.

An independent 11-person board could be created to oversee the processes of application, awarding, and outcomes assessment.

Respectfully submitted and signed,
David Park, DO
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